



**DIRECTOR  
SPECIAL EDUCATION TEAM  
WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION  
P. O. BOX 7841  
MADISON, WI. 53707-7841**

		FOR DPI USE			
Date Received		Case No. Assigned			Due Date
		GENERAL INFORMATION			
Name of Party(ies) Requesting the Hearing			Relationship(s) to the child		
Address of Party(ies) Requesting the Hearing <i>Street, City, State, ZIP</i>				Daytime Telephone <i>Area/No.</i>	
Name of Child		Address of the Child's Residence <i>Street, city, State, Zip</i>			
School District of the Child's Residence			School District Where Child is Attending		
Describe the nature of the problem the child is experiencing relating to the action proposed, including facts relating to the problem. State the specific reasons for requesting a hearing. Use additional sheets or back if necessary.					
A proposed resolution of the problem (to the extent known and available to the parents at this time). Use additional sheets or back if necessary.					
		SIGNATURE			
Signature of Party(ies) Requesting Hearing				Date Signed	